

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 1646
CD-ROM or CD-R?:: No
Number of CD disks:: 0
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title:: G PROTEIN-COUPLED RECEPTORS
EXPRESSED IN BRAIN
Attorney Docket Number:: 28341/6276.NX1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gabriel
Family Name:: Vogeli
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 2576 Ninth Avenue West
City of mailing address:: Seattle
State or Province of mailing address:: WA

Postal or Zip Code of mailing address:: 98119

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Linda
Middle Name:: S.
Family Name:: Wood
City of Residence:: Portage
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 10193 Fox Hollow
City of mailing address:: Portage
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kalpana
Family Name:: Merchant
City of Residence:: Portage
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 5015 Glencove Lane
City of mailing address:: Portage
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49024

Correspondence Information

Correspondence Customer Number:: 04743

Representative Information

Representative Customer Number:: 04743

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/698419	10/27/00

Assignee Information

Assignee name:: PHARMACIA & UPJOHN COMPANY

Street of mailing address:: Building 209
301 Henrietta Street

City of mailing address:: Kalamazoo

State or Province of mailing address:: MI

Postal or Zip Code of mailing address:: 49001